

MISSOURI DEPARTMENT OF TRANSPORTATION

CONTRACTOR'S MONTHLY TRAINEE REPORT

TRAINEE _____ SOCIAL SECURITY NO. _____

CRAFT _____ CONTRACTOR _____

REPORT NUMBER _____ MONTH ENDING _____ PRIME SUB

TRAINING STATUS

FULL RATE OF PAY _____ PERCENTAGE USED _____ ACTUAL RATE OF PAY _____

NEW HIRE ON THE JOB TRAINING UNION UP-GRADE

REMAINING HOURS REQUIRED TO COMPLETE TRAINING _____

NAME OF APPROVED TRAINING PROGRAM _____

FIRST HALF THIRD QUARTER FINAL QUARTER

WEEKLY HOURS (For Month)

WEEK ENDING	ROUTE	COUNTY	FEDERAL-AID PROJECT	JOB NUMBER	PROJECT HOURS	HOURS TO DATE

Signature: _____
CONTRACTOR DATE

Name: _____

Signature: _____
RESIDENT ENGINEER DATE ORG CODE

Name: _____

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